

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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**APPLICANT(S)**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	1
2		1		1		1
3		1		1		1
4		2		2		2
5	1		1		1	
6		2		2		2
7	1		4		4	
8	1		4		4	
9	1		4		4	
10	1		4		4	
11	1		4		4	
12	1		4		4	
13	1		4		4	
14	1		1		1	
15	1		1		1	
16	1		1		1	
17	2		2		2	
18	1		1		1	
19	2		2		2	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
24	1		1		1	
25	1		1		1	
26	4		4		4	
27	4		4		4	
28						
29						
30	1					
31	1					
32						
33	1					
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4		4	
TOTAL DEP.	33	↔	54	↔	54	↔
TOTAL CLAIMS	37		58		58	

	(C)	D	*		
IND.	DEP.	IND.	DEP.	IND.	DEP.
81	1	1			
82	1	1			
83	1	1			
84	2	2			
85	1	1			
86	2	2			
87	4	4			
88	4	4			
89	4	4			
90	4	4			
91	4	4			
92	4	4			
93	4	4			
94	4	4			
95	4	4			
96	4	4			
97					
98					
99					
100					
TOTAL IND.	4	4			
TOTAL DEP.	2572	72			
TOTAL CLAIMS	78	16			

BEST AVAILABLE COPY